



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

**Work Order ID 88954****\*88954\***

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Item ID: D3012-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Decal

Start Date: 8/13/2012 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 8/24/2012 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

Identify as per dwg & Stock Location: 023

0.00

**\*130\***

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Memo

0.00

Quality Control

MLJ 12/08/16MLJ 12/08/16

NCR: Yes / No

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Operator									
Material									
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**FAULT CATEGORY**

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		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Picklist Print

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Page 1

Work Order ID: 88954

Parent Item: D3012-1

Parent Item Name: Decal

Start Date: 8/13/2012

Required Date: 8/24/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP A01.04.06New IssueEC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3012-1P Decal		Purchased	No			110	Each	0.0000	1	12		08/12/12	

NCR: Yes / No

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<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
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Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	



DESIGN <i>CP</i>	DRAWN BY <i>CP</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3012	REV. A SHEET 1 OF 1
DATE 01.03.30		TITLE DECAL	SCALE 1:1
A	01.03.30	NEW ISSUE	

RELEASED  
01.04.06

- POINT A -  
SWL=300lb/136kg  
DO NOT USE WITH POINT B  
P/N D3012-1

D3012-1

- POINT B -  
SWL=500lb/227kg  
DO NOT USE WITH POINT A OR C  
P/N D3012-3

D3012-3

- POINT C -  
SWL=300lb/136kg  
DO NOT USE WITH POINT B  
P/N D3012-5

D3012-5

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO 88957 MCJ  
12/08/13

MATERIAL: WHITE LETTERS ON BLACK ADHESIVE BACK  
MANUFACTURED FROM 3M 7 MIL MASKING FILM #8522CP

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**Studio de Lettrage**

210 Main Street W  
Hawkesbury, Ontario K6A 2H6

**INVOICE**

Invoice No.: 18521  
Date: 08/14/2012  
Ship Date: 08/16/2012  
Page: 1  
Re: Order No. WO8110

**Sold to:**

**Dart Aerospace Ltd**  
1270 Aberdeen  
Hawkesbury, Ontario K6A 1K7

**Ship to:**

Dart Aerospace Ltd  
Hawkesbury, Ontario

**Business No.:** 82500 7651 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
		12	Stickers D3012-1P	H	6.00	72.00
		12	Stickers D3012-3P	H	3.75	45.00
			PO # 17665			
			H - HST 13%			
			HST			15.21
Studio de Lettrage HST: #825007651RT0001						
Shipped By:				Tracking Number:		
Comment:					Total Amount	132.21
Sold By:						



\*\*\*\*Certificate of Conformity\*\*\*\*

Customer:

Studio Lettrage

Purchase Order #:

17665

Packing Slip #:

# 8110

Part #:

Serial #:

Description: 12x D3012-1P

Quantity:

12x D3012-3P

Certification:

We hereby certify that:

1. The above the listed items were manufactured, repaired and/or inspected in accordance with applicable drawings and/or specifications;
2. All work was accomplished in accordance with the Dart Aerospace Purchase Order;
3. Results of all inspections, chemical or physical tests, as well as other evidence, which shows the acceptability of raw materials, parts and/or assembly components are on file and available for inspection at any time.

Authority:

3M

APPROVAL: SANDY COLLIN

DATE:

Signature:

Sandy Collin

14 aout 2012

Title: Project coordination



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17665

Purchase Order Date 8/13/2012

PO Print Date 8/13/2012

Page Number 1 of 1

Order From :

VC-STU001

STUDIO DE LETTRAGE 2001  
210 MAIN WEST  
HAWKESBURY, ON K6A 2H6  
CA

Contact Name		Buyer	Brigitte Golden
Vendor Phone	613 632 5449	Requisition Nbr	
Vendor Fax	613 632 9491	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	CAD
		FOB	Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3012-1P	Decal	8/14/2012 Yes	12.00 Each	Yours ppd	\$6.0000	\$72
		Special Inst:	As per DWG: D3012 Rev: A B88954				
2	D3012-3P	Decal	8/14/2012 Yes	12.00 Each	Yours ppd	\$3.7500	\$45
		Special Inst:	As per DWG: D3012 Redv: A B88956				

PO Total: \$117.00

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

SP128-0

Change Nbr: 1

Change Date: 8/13/2012

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO